

Idaho Department of Health and Welfare  
**ELIGIBILITY APPLICATION FOR ADULTS  
WITH DEVELOPMENTAL DISABILITIES (DD)**

Region	_____
Rate Code	_____
Date received	_____
Sent to IAP	_____

**This application is for individuals turning 18 years of age or older who have been determined financially eligible for Medicaid. Applicants who do not meet this criteria will have their application returned.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Current Living Arrangement \_\_\_\_\_  
 Referral Source, if other than self \_\_\_\_\_

**Enrolled in Medicaid?**     No     Yes    If Yes, Medicaid Number \_\_\_\_\_  
**Enrolled in Medicare/Medicaid Coordinated Plan (MMCP)?**     No     Yes

What services are you seeking?

DD Waiver- Traditional                       DD Waiver- Self Directed Community Supports  
 Developmental Therapy                       Service Coordination     Other (please specify) \_\_\_\_\_

Guardian (if applicable) \_\_\_\_\_ Family Member/Contact \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Provide documentation which verifies you have a diagnosis that qualifies you as having a developmental disability. The documentation requirements are as follows:

- o Provide documentation which verifies that your disability was identified before the age of 22,  
**AND**
- o If the diagnosis is **Cerebral Palsy, Epilepsy, or Traumatic Brain Injury**: Provide medical documentation from a physician.  
**OR**
- o If the diagnosis is **Intellectual Disability**: Provide results of an IQ test using the Wechsler Intelligence Scale for Adults (WAIS-III). If the IQ test was not done within the last three (3) years, new testing must be done.  
**OR**
- o If the diagnosis is **Autism Spectrum Disorder (ASD)**: Provide documentation supporting this diagnosis from a professional working within their scope of practice.  
**OR**
- o Other condition found to be closely related to or similar to one of these impairments that requires similar treatment or services. Provide documentation that can show the causal relationship between the impairing condition and the developmental disability. (Does not include mental illness)

**Submit to your local Health and Welfare, Regional Medicaid- Adult Developmental Disabilities office, Attn: QA Specialist.**

**\*\*For Dept. use only\*\***

DD Eligibility                                       Approved                                       Denied  
 ICF/ID LOC Eligibility                       Approved                                       Denied

Reason for Denial: \_\_\_\_\_  
 Signature of Authorized Representative of the Department: \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_

**Return the completed eligibility application for adults with developmental disabilities to the office nearest you.**

**Region 1**

*(Counties served- Benewah, Bonner, Boundary, Kootenai, and Shoshone)*

Location- 1120 Ironwood Drive, Suite 102 Coeur d'Alene, ID 83814	Phone- (208) 769-1567 Fax- (208) 666-6856 Email- BDDSQA1@dhw.idaho.gov
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**Region 2**

*(Counties served- Clearwater, Idaho, Latah, Lewis, and Nez Perce)*

Location- 1118 F Street Mailing- PO Drawer B Lewiston, ID 83501	Phone- (208) 799-4430 Fax- (208) 799-5167 Email- BDDSQA2@dhw.idaho.gov
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**Region 3**

*(Counties served- Adams, Canyon, Gem, Owyhee, Payette, and Washington)*

Location- 3402 Franklin Road Caldwell, ID 83501	Phone- (208) 455-7150 Fax- (208) 454-7625 Email- BDDSQA3@dhw.idaho.gov
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**Region 4**

*(Counties served- Ada, Boise, Elmore, and Valley)*

Location- 1720 Westgate Drive, Suite B Boise, ID 83704	Phone- (208) 334-0940 Fax- (208) 334-0953 Email- BDDSQA4@dhw.idaho.gov
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**Region 5**

*(Counties served- Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls)*

Location- 601 Pole Line Road, Suite 3 Twin Falls, ID 83301	Phone- (208) 736-3024 Fax- (208) 736-2116 Email- BDDSQA5@dhw.idaho.gov
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**Region 6**

*(Counties served- Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, and Power)*

Location- 1070 Hiline Road, Suite 260 Pocatello, ID 83201	Phone- (208) 239-6260 Fax- (208) 239-6269 Email- BDDSQA6@dhw.idaho.gov
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**Region 7**

*(Counties served- Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton)*

Location- 150 Shoup Avenue, Suite 20 Idaho Falls, ID 83402	Phone- (208) 528-5750 Fax- (208) 528-5756 Email- BDDSQA7@dhw.idaho.gov
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